

<b>Case Number:</b>	CM13-0055008		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	04/29/2013
<b>Decision Date:</b>	06/03/2014	<b>UR Denial Date:</b>	06/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgeon, and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 43 year-old female who has a date of injury of 04/29/13. The injured worker is reported to have developed swollen hands secondary to cumulative trauma. She further has complaints of bilateral shoulder pain. On examination the injured worker has reduced shoulder range of motion, deep tendon reflexes are intact, motor strength is intact, and Tinels and Phalens sign are negative bilaterally. There is a mildly positive Hawkins's bilaterally. There is tenderness over the shoulder girdle. The injured worker has a previous diagnosis of bilateral radial tunnel syndrome status post ulnar nerve release on the left and first extensor release.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **EMG/NCV BILATERAL UPPER EXTREMITY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33, 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 581.

**Decision rationale:** The submitted clinical records indicate the injured worker developed bilateral upper extremity pain thought to be the result of cumulative trauma. The injured worker's

examination reveals no evidence of carpal tunnel syndrome or cervical radiculopathy necessitating evaluation. As such the request is not medically necessary per ACOEM Chapter 13.

**PURCHASE OF HOME TENS UNIT: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation), Page(s): 114-1.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy, Page(s): 114-117.

**Decision rationale:** Per CA MTUS there must be documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed, a one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. As this criteria has not been met, the medical necessity is not established.

**HOT & COLD WRAP FOR LEFT ELBOW, BILATERAL ELBOW SLEEVES: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 603.

**Decision rationale:** The injured worker is reported to have bilateral upper extremity pain secondary to cumulative trauma. There is no data that indicates the injured worker has undergone surgical intervention and therefore medical necessity has not been established.

**HOT & COLD THERAPY WRAP RIGHT WRIST: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 266.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 603.

**Decision rationale:** The injured worker is reported to have bilateral upper extremity pain secondary to cumulative trauma. There is no data that indicates the injured worker has undergone surgical intervention and therefore medical necessity has not been established.

**BILATERAL WRIST CTS BRACES: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 68-69.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG): CARPAL TUNNEL SYNDROME, BRACES.

**Decision rationale:** The injured worker is reported to have bilateral upper extremity pain secondary to cumulative trauma. Physical examination reveals no findings of carpal tunnel syndrome. Therefore, there would be no clinical indication to provide orthosis for nocturnal splinting. The bilateral wrist CTS Braces are not medically necessary.